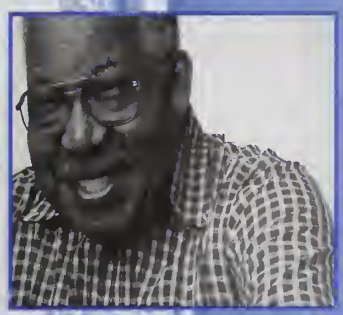
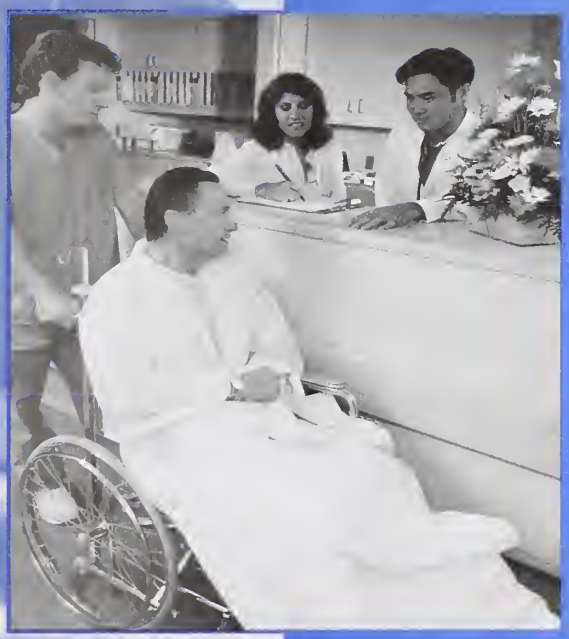
Medicare Coverage of Skilled Nursing Facility Care





This booklet explains:

- Medicare-covered skilled care,
- your rights and protections, and
- where you can get help with your questions.

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The *Medicare Coverage of Skilled Nursing Facility Care* is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

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Important note: Before you read this booklet, it is important to know how you get your Medicare health care. Most people with Medicare get their health care through the Original Medicare Plan (also known as fee-for-service). The information in this booklet explains SNF coverage in the Original Medicare Plan.

If you get your health care from a Medicare Managed Care Plan or a Medicare Private Fee-for-Service Plan, you must get at least the same coverage as the Original Medicare Plan provides. Look for special notes throughout this booklet that explain how your SNF benefits, choice of facility, costs, coverage, and/or rights and protections may be different. Read your plan materials or check with your plan for specific information.

Introduction

I didn't know what to expect when I needed skilled care. Then the social worker at the hospital gave me this booklet to read. I'm so glad she did.

If you or someone you care for needs SNF (Skilled Nursing Facility) care, read this booklet so you will know:

- What Medicare covers and what you pay for.
- How to find and compare skilled nursing facilities.
- How your care is planned.
- Your rights and protections.
- Where you can get help.

A Skilled Nursing Facility (SNF) could be part of a nursing facility or hospital. Medicare certifies these facilities if they have the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services.

Skilled care is health care given when you need skilled nursing or rehabilitation staff to manage, observe, and evaluate your care. Examples of skilled care are changing sterile dressings and physical therapy. Medicare will only cover skilled care when you meet certain conditions (see page 11).

Medicare does not cover custodial care. Custodial care is care that helps you with usual daily activities like getting in and out of bed, eating, bathing, dressing, and using the bathroom. It may also include care that most people do themselves, like using eye drops, oxygen, and taking care of colostomy or bladder catheters. Custodial care is often given in a nursing facility. See page 8 for ways to get help paying for custodial care.

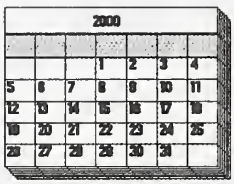
Generally, skilled care is available only for a short time after a hospitalization. Custodial care may be needed for a much longer period of time.

A Quick Look at Medicare Coverage of Skilled Care

This page gives you a quick look at Medicare covered care in a SNF (Skilled Nursing Facility). It helps you find answers to questions you may have if you, or someone you care for, needs skilled care. The rest of the booklet gives more detail.

How do I find and choose a facility that gives skilled care?

1. Read the list of contacts on page 6.
2. Compare the quality of the SNFs you are interested in.
3. Call or visit the SNFs you are interested in.
4. Choose the SNF that best meets your needs.



When and how long does Medicare cover care in a skilled nursing facility?

- Up to 100 days if you continue to meet Medicare's requirements (see page 12).

How much is covered by the Original Medicare Plan (see page 17)?

For Days	Medicare Pays For Covered Services	You Pay For Covered Services
1 - 20	Full Cost	Nothing
21 - 100	All but a daily copayment*	A daily copayment*
Beyond 100	Nothing	Full Cost

Terms in blue are defined on pages 39-41.

*NOTE: The copayment is up to $105.00 per day in the year 2003. It can change each year. If you have a Medigap policy with the Original Medicare Plan, or are in a Medicare Managed Care Plan or Medicare Private Fee-for-Service Plan, your costs may be different or you may have additional coverage.

Where can I get help or more information?

- For free booklets on Medicare and related topics, see page 35.
- For telephone numbers of local organizations that can help you, see pages 36-38.

What is skilled care?

Skilled care is health care given when you need skilled nursing or rehabilitation staff to manage, observe, and evaluate your care. Examples of skilled care include changing sterile dressings and physical therapy. It is given in a SNF (Skilled Nursing Facility). Care that can be given by non-professional staff is not considered skilled care. People do not usually stay in a SNF until they are completely recovered. Medicare covers certain skilled care services that are needed daily on a short-term basis (up to 100 days).

Skilled care requires the involvement of skilled nursing or rehabilitative staff in order to be given safely and effectively.

Skilled nursing and rehabilitation staff includes:

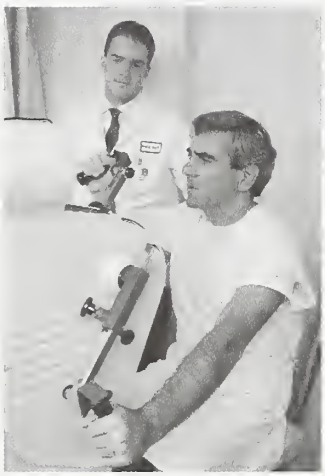
- registered nurses,
- licensed practical and vocational nurses,
- physical and occupational therapists,
- speech-language pathologists, and
- audiologists.

Words in blue are defined on pages 39-40.

Why would I need skilled nursing or rehabilitation care?

You get skilled nursing care to:

- help improve your condition, or
- maintain your current condition and prevent it from getting worse.



You get skilled rehabilitation care to:

- help improve your condition within a predetermined time period, or
- set up a maintenance program designed to maintain your current condition and prevent it from getting worse.

Skilled care helps you get better, function more independently, and/or learn to take care of your health needs. You and your family will be able to take part in setting your health goal (see pages 19-20).

How do I find and choose a SNF (Skilled Nursing Facility)?

Choosing a SNF is an important decision. Only you can decide which SNF is the right choice for you. There are steps you can take to find the SNF that is best for you. It's important to plan ahead. Planning ahead will help you make a SNF choice that meets your needs and gives you good quality care. Finding the right SNF is important because it may be your home for a short or long period of time. You want to be comfortable, secure, and cared for properly.

If the hospital you are in has its own SNF, you may be admitted (moved) there if a bed is available, if you choose to stay there. If not, you may need to find an available bed at a separate facility. Deciding where to get skilled care is an important decision.

NOTE: If you are in the Original Medicare Plan, you can go to any Medicare-certified SNF if a bed is available. If you are in a Medicare Private Fee-for-Service Plan, you can go to any Medicare-certified SNF if a bed is available, but you must let the plan know you need SNF care before you are admitted to the SNF. If you don't tell your plan before you are admitted, you may have to pay more, or for all of your SNF care. If you are in a Medicare Managed Care Plan, you may have to get your SNF care from a SNF that belongs to your plan. Call your plan to see which SNFs belong to your plan. However, if certain conditions are met, you may be able to get your SNF care from a SNF that does not belong to your plan. At your request, your plan may be able to arrange your SNF care from:

- A nursing home or the nursing home in your continuing care retirement community (that gives SNF care) where you lived right before you went to the hospital, or
- A SNF where your spouse lives when you get out of the hospital.

The steps to choosing a SNF are:

1. Find out about the SNFs in your area (see page 6).
2. Find out how SNFs compare in quality (see page 7).
3. Visit the SNFs you are interested in, or have someone visit for you (see pages 8-10).
4. Choose the SNF that best meets your needs (see page 10).

Words in blue are defined on pages 39-40.

Step 1: Find out about the SNFs in your area.

To find out about the SNFs in your area:

- Look at www.medicare.gov on the web. Select "Nursing Home Compare." You can find a list of all the nursing homes in your area and general information about every Medicare- and Medicaid-certified nursing home in the country. It includes nursing home inspection results, the number of nursing staff, and resident information. Call the nursing home to find out if it provides skilled care. If you do not have a computer, your local library or senior center may be able to help you.
- Ask the hospital's discharge planner or social worker for a list of local nursing homes, if you are in the hospital. They may help you find an available bed. Some SNFs work together with hospitals, and some are independent.
- Visit or call your local social service agency or hospital. Ask to speak to a social worker or case manager who can help you find a SNF in your area.
- Ask people you trust, like your doctor, family, friends, neighbors, or clergy if they have had personal experience with SNFs. They may be able to give you the name of a SNF where they had a good experience.
- Call your Area Agency on Aging. Their telephone number should be listed in your local telephone book. This agency can give you information about the SNFs in your area. You can get the telephone number of your local Area Agency on Aging by looking at www.aoa.gov on the web. Select "About AoA and the Aging Network." Then select "Area Agencies on Aging."
- Call the Eldercare Locator at 1-800-677-1116 (weekdays 9:00 a.m. to 8:00 p.m. Eastern time) for information about SNFs in your area.

Words in blue are defined on pages 39-40.

Step 2: Find out how SNFs compare in quality.

Quality care means doing the right thing, at the right time, in the right way for the right person, and having the best possible results. SNFs are certified to make sure they meet certain Federal health and safety requirements. To find out how SNFs compare in quality in your area, look at www.medicare.gov on the web. Select "Nursing Home Compare." You can compare the State inspection reports of the SNFs in your area and look at other information, like new quality measures, resident characteristics, and staffing levels.

Other ways to find out about SNF quality:

- Ask friends and other people you know if they are or were satisfied with the quality of care.
- Call the local office of consumer affairs for your state. Ask if they have information on the quality of SNFs (look in the blue pages of your telephone book for their telephone number).
- Call your State health department. Ask if they have information on the quality of SNFs (look in the blue pages of your telephone book for their telephone number).
- Call your Long-Term Care Ombudsman (see pages 36-38). The Ombudsman program helps residents of SNFs solve problems by acting on their behalf. Ombudsmen visit SNFs and speak with residents throughout the year to make sure residents' rights are protected. They are a very good source of general information about SNFs and can work to solve problems with your care, including financial issues. They may be able to help you compare the SNF's strengths and weaknesses. Ask them questions like how many complaints they have gotten about a SNF, what kind of complaints they were, and if the problems were resolved.

Words in blue are defined on pages 39-40.

Step 3: Visit the SNFs you are interested in, or have someone visit for you.

Before you make a decision, visit the SNFs you are interested in. A visit gives you the chance to see the residents, staff, and facility. It also allows you to talk with SNF staff, with the people who live and get care at the SNF and their family members. Be sure to call and make an appointment to tour the SNF before you visit.

If you can't visit the SNF yourself, you may want to get a family member or friend to visit for you. If a family member or friend can't visit for you, you can call for information. However, a visit gives you a better way to see the quality of care and life the residents get.

When You Visit

Review Information:

- Before your visit, go over any information you have already gathered.

Take a Formal Tour:

- Make an appointment with the SNF before you visit.
- Take a formal tour with a SNF staff member.
- Ask questions during your tour, including questions about the quality measures from "Nursing Home Compare," at www.medicare.gov on the web.
- Look around to get a better picture of the services, activities, and quality of care and life for the residents.
- The SNF must have the results of the most recent survey of the facility done by the Federal or State surveyors available for you to look at.

Take the Skilled Nursing Facility Checklist on pages 29-34 with you when you visit. Fill it out and compare the SNFs in your area.

Step 3: Visit the SNFs you are interested in, or have someone visit for you. (continued)

Visit Again:

- Revisit the SNF on a different day and at a different time of the day than when you first visited. Staffing can be different at different times of the day, and on weekends.
- Try to visit during the late morning or midday. This allows you to see the residents when they are out of bed, eating, and going to activities.

Go to Council Meetings:

- Ask a SNF staff member if you can get permission from the resident's or family council's participants to attend a meeting of the nursing homes' resident council and/or family council meeting. These councils are usually organized and managed by the resident's families to improve the quality of care and life for the residents, and address concerns.

Ask Questions

Use the Skilled Nursing Facility Checklist:

- Ask questions from the Skilled Nursing Facility Checklist (see pages 29-34). The checklist can help you to know what to look for and what questions to ask so you can compare SNFs. This checklist has questions about basic information, resident appearance, living spaces, staff, residents' rooms, hallways, stairs, lounges, bathrooms, menus and food, activities, and safety and care. For example:
  - Is the SNF certified by Medicare and Medicaid?
  - Is there a bed available? (Is there a waiting list?)
  - Is the SNF easy to visit for family and friends?
  - Ask to see a copy of the SNF's most recent inspection report. If any deficiencies were found, ask if they have been corrected and ask to see the plan correction.

Step 3: Visit the SNFs you are interested in, or have someone visit for you. (continued)

Ask about Satisfaction:

- Talk to staff, residents, and family members if you can. Ask them if they are satisfied with the SNF and its services.

Other Questions:

- Write down any questions you still have about the SNF or how the SNF will meet your needs.
- Ask the staff about the quality information from "Nursing Home Compare," at www.medicare.gov on the web. This may help you compare SNFs.
- Ask the staff to explain anything you see and hear that you don't understand. For example, a person may be calling out. It may be because they are confused, not because they are being hurt or neglected. Don't be afraid to ask questions.

Don't go into resident rooms or care areas without checking with the resident and SNF staff first. Residents have a right to privacy.

Step 4: Choose the SNF that best meets your needs.

If you find more than one facility with a skilled bed available, use all the information you get to compare them. Trust your senses. If you don't like what you see on a visit, if the facility does not smell clean, or if you aren't comfortable talking to the staff at the facility, you may want to choose another SNF. If you feel that the patients are treated well, the facility is clean, and the staff is helpful, you may feel better about your decision. Once you have made your decision, you can make your arrangements with the SNF.

When will Medicare cover skilled care?

Medicare will cover skilled care only if **all** of the following are true:

1. You have Medicare Part A* (Hospital Insurance) and have days left in your benefit period (see next page) available to use.

2. You have a qualifying hospital stay. This means an inpatient hospital stay of 3 consecutive days or more, not including the day you leave the hospital**. You must enter the SNF (Skilled Nursing Facility) within 30 days of leaving the hospital (see 5 below). After you leave the SNF, if you re-enter the same or another SNF within 30 days, you don't need another 3-day qualifying hospital stay to get additional SNF benefits. This is also true if you stop getting skilled care while in the SNF and then start getting skilled care again within 30 days.

3. Your doctor has decided that you need daily skilled care. It must be given by, or under the direct supervision of, skilled nursing or rehabilitation staff. If you are in the SNF for skilled rehabilitation services only, your care is considered daily care even if these therapy services are offered just 5 or 6 days a week.

4. You get these skilled services in a SNF that has been certified by Medicare.

5. You need these skilled services for a medical condition that:
   - Was treated during a qualifying 3-day hospital stay, or
   - Started while you were getting Medicare-covered SNF care. For example, if you are in the SNF because you had a stroke, and you fall and break your leg, Medicare would cover rehabilitation for your broken leg even if you no longer need rehabilitation for the stroke.

** Time you are being observed in a hospital before you are admitted does not count toward the 3-day qualifying inpatient hospital stay.

* If you are not sure if you have Part A, look on your red, white, and blue Medicare card. It will show "Hospital (Part A)" on the lower left corner of the card. You can also find out if you have Part A if you call your local Social Security office, or call Social Security at 1-800-772-1213.

How long does Medicare cover my SNF (Skilled Nursing Facility) care?

Medicare uses a period of time called a benefit period to keep track of how many days of SNF benefits you use, and how many are still available. A benefit period begins on the day you start using hospital or SNF benefits under Part A of Medicare. You can get up to 100 days of SNF benefits in a benefit period. Once you use those 100 days, your current benefit period must end before you can renew your SNF benefits.

Your benefit period ends:

- When you have not been in a SNF or a hospital for at least 60 days in a row, OR
- If you remain in a SNF, when you have not received skilled care there for at least 60 days in a row.

There is no limit to the number of benefit periods you can have.

Once a benefit period ends, though, you must have another 3-day qualifying hospital stay and meet the Medicare requirements as listed on page 11 before you can get another 100 days of SNF benefits.

Words in blue are defined on pages 39-40.

What if I stop getting skilled care in the SNF (Skilled Nursing Facility), or leave the SNF altogether? How does this affect Medicare SNF coverage if I need more skilled care in a SNF later on?

This depends on how long your break in SNF care lasts. If your break in SNF care lasts for:

Less than 30 days	• You do not need a new 3-day hospital stay to qualify for coverage of additional SNF care (see item 2 on page 11). • Since your break in SNF care lasted for less than 60 days in a row, your current benefit period would continue. This means that the maximum coverage available would be the number of unused SNF benefit days remaining in your current benefit period.
At least 30 but less than 60 days	• Medicare **will not** cover additional SNF care **unless you have a new 3-day hospital stay.** The new hospital stay need not be for the same condition that you were treated for during your previous stay. • Since your break in SNF care lasted for less than 60 days in a row, your current benefit period would continue. This means that the maximum coverage available would be the number of unused SNF benefit days remaining in your current benefit period.
At least 60 days	• Medicare will not cover additional SNF care unless you have a new 3-day hospital stay. The new hospital stay need not be for the same condition that you were treated for during your previous stay. • Since your break in skilled care lasted for at least 60 days in a row, this would end your current benefit period and renew your SNF benefits. This means that the maximum coverage available would be 100 days of SNF benefits.

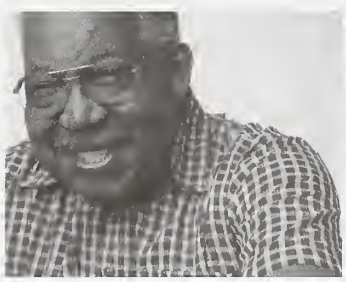
Words in blue are defined on pages 39-40.

Examples of Medicare Coverage

In the following examples (1-3), assume the patients met all the qualifications for Medicare coverage of SNF (Skilled Nursing Facility) care listed on page 11, including the 3-day qualifying hospital stay. They are then admitted to a SNF because they need skilled care, and are then discharged from the SNF before their benefit period ends.

Example 1 - Out of the SNF for less than 30 days

Mrs. Perkins received 10 days of Medicare-covered SNF care after she was hospitalized when she broke her leg. Her Medicare coverage ended when she stopped needing skilled care. She chose to go home rather than pay for custodial care. After 10 days, her doctor decided she needed more skilled care for her broken leg and she was readmitted to the SNF. Medicare will cover this SNF stay. She has 90 days of coverage left in her benefit period.



Example 2 - Out of the SNF for at least 30 but less than 60 days

Mr. Jones received 20 days of Medicare-covered SNF care after he was hospitalized when he had a stroke. His Medicare coverage ended when he stopped needing skilled care. He chose to stay in the SNF and pay for 2 days of custodial care. He then went home. After 34 days, his doctor readmitted him to the hospital for 4 more days because of his stroke. He was then admitted to a SNF because he needed skilled care. Even though Mr. Jones was out of the SNF for more than 30 days, since he then had a new qualifying hospital stay, Medicare will cover this SNF stay. He has 80 days of coverage left in this benefit period.

Words in blue are defined on pages 39-40.

Example 3 - Out of the SNF for at least 60 days

Mrs. Smith received 20 days of Medicare-covered SNF (Skilled Nursing Facility) care after she was hospitalized when she had back surgery. Her Medicare coverage ended when she no longer needed skilled care. She chose to go home rather than pay for custodial care. After 65 days, she was hospitalized for 3 days due to a fall. She was then admitted to a SNF because she needed skilled care. Since she was out of the SNF for more than 60 days, her benefit period ended. Her new 3-day qualifying hospital stay starts a new benefit period. Medicare will cover up to 100 days of SNF care in this new benefit period.

If I am in a SNF but must be readmitted to the hospital, will the SNF hold my bed for me?

There may be no guarantee that a bed will be available for you at the same SNF if you need more skilled care after your hospital stay. You may have to go to another SNF if no bed is available. Ask the SNF if it will hold a bed for you if you must go back to the hospital. Also ask if there is a cost to hold the bed for you.

Words in blue are defined on pages 39-40.

What does Medicare cover when I qualify for SNF (Skilled Nursing Facility) care?

Medicare Services	Covered
Semi-private Room (a room you share with other patients)	✔
Meals	✔
Skilled Nursing Care	✔
Physical Therapy*	✔
Occupational Therapy*	✔
Speech-Language Therapy*	✔
Medical Social Services	✔
Medications	✔
Medical Supplies and Equipment Used in Facility	✔
Ambulance Transportation (when other transportation endangers health) to the nearest supplier of needed services that are not available at the SNF	✔
Dietary Counseling	✔

*Medicare covers these services if they are needed to meet your health goal.

What do I pay for SNF (Skilled Nursing Facility) care in 2003?

In the Original Medicare Plan, for each benefit period in the calendar year 2003 you pay:

For Days	Medicare Pays For Covered Services	You Pay For Covered Services
1-20	Full Cost	Nothing
21-100	All but $105.00 per day	Up to $150.00 per day
Beyond 100	Nothing	Full Cost

You must also pay all additional charges not covered by Medicare (like telephone charges and laundry fees).

Payment Example 1 - SNF Stay 1-20 Days:

Mr. Anderson is in the hospital for 5 days and is then admitted to a SNF (within 30 days of leaving the hospital). He is in the SNF for 12 days. Mr. Anderson will not have to pay anything for this Medicare-covered SNF care. He has 88 days of coverage left in this benefit period.

Days in Hospital	Days in SNF	Mr. Anderson Pays for SNF Care	Days Left in Benefit Period
5	12	$0 for covered services*	88

Payment Example 2 - SNF Stay 21-100 Days:

Mrs. Baker is in the hospital for 5 days. She is then admitted to a SNF (within 30 days of leaving the hospital). She is in the SNF for 30 days. Mrs. Baker will have to pay up to $1,050 (the $105.00 a day coinsurance for days 21-30) for her Medicare-covered SNF care. She has 70 days of coverage left in this benefit period.

Days in Hospital	Days in SNF	Mrs. Baker Pays for SNF Care	Days Left in Benefit Period
5	30	Up to $1,050* for covered services ($105.00 per day for days 21-30)	70

*NOTE: Your SNF costs may be different if you are in a Medicare Managed Care Plan or a Medicare Private Fee-for-Service Plan. Check with your plan.

Are there ways to get help paying for skilled care or other health care costs?

Yes. There are ways to get help paying for skilled care and other health care costs:

Help from your state: If your income and assets are limited, you may be able to get help to pay for skilled and/or custodial care, or other health care costs. If you qualify for both Medicare and Medicaid, most health care costs are covered. You may also qualify for the Medicaid nursing home benefit or the Programs of All-inclusive Care for the Elderly (PACE). Call your State Medical Assistance Office for more information (see pages 36-38).

Employer or Union Coverage: If you have coverage from an employer or union, check with your benefits administrator to see what health care is covered.

Medigap **Policy:** If you are in the Original Medicare Plan, you may have a Medigap policy to fill gaps in your coverage. Some Medigap policies pay the SNF (Skilled Nursing Facility) coinsurance for days 21-100. For more information about Medigap policies, call 1-800-MEDICARE (1-800-633-4227) and ask for a free copy of the *Guide to Health Insurance for People with Medicare: Choosing a Medigap Policy* (CMS Pub. No. 02110). TTY users should call 1-877-486-2048. You can also look at www.medicare.gov on the web. Select "Medigap Compare."

Long-Term Care Insurance: If you have long-term care insurance, check your policy or call the insurance company to find out if skilled or custodial care is covered. If you are shopping for long-term care insurance, find out which types of long-term care services the different policies cover. For more information about long-term care insurance, call to get a copy of *The Shopper's Guide to Long-Term Care Insurance* from your State Insurance Department, or ask for one, in writing, from the National Association of Insurance Commissioners, 2301 McGee Street, Suite 800, Kansas City, MO 64108-3600.

For more information about help paying for health care, call your State Health Insurance Assistance Program (see pages 36-38).

Words in blue are defined on pages 39-40.

The care you get in a SNF (Skilled Nursing Facility):

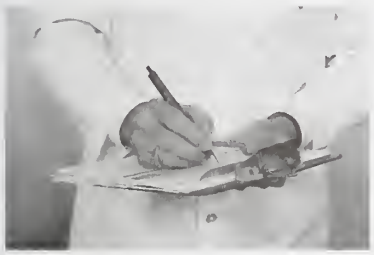
- Is based on your daily assessments (see below).
- Is planned to meet your needs (see "care plan" on page 20).

What is an assessment?

When you go to a SNF, a team of staff from different medical fields (depending on your health needs) plans your care. Your SNF care is based on your doctor's orders and information the team gathers when they do daily assessments of your condition. Your doctor and the SNF staff (with your input) use the assessments to decide what services you need and your health goal or goals. A health goal is the expected result of your treatment, like being able to walk a certain distance or to climb stairs.

Your assessments determine how much Medicare pays the SNF, based on the services and resources you need.

Your daily assessments and skilled care start the day you arrive at the SNF. Medicare requires that your assessments be recorded periodically. The first recorded assessment must be within the first 5-8 days of your SNF stay. Medicare also requires the SNF to record assessments done on days 14, 30, 60, and 90 of your covered stay (until you are discharged or you have used all 100 days of SNF coverage in your benefit period).



An assessment includes gathering information about:

- your current physical and mental condition;
- your medical history,
- medications you are taking,
- how well you can do activities of daily living like bathing, dressing, eating, getting in and out of bed or a chair, moving around, and using the bathroom,
- your speech,
- your decision-making ability, and
- physical limitations (like problems with your hearing or vision, paralysis after a stroke, balance problems, etc.).

What is a care plan?

When your health condition is assessed, SNF (Skilled Nursing Facility) staff prepares or updates your care plan. **You (if you are able) and/or your family, or someone acting on your behalf, have the right to take part in planning your care together with the SNF staff.** Let the staff know if you want to take part. This helps keep you aware of how the care you get will help you reach your health care goals.

Take an active role in the planning of your care. It helps you know what to expect.

Your care plan may include:

- What kind of services you need,
- What type of health care professional should give you these services,
- How often you will need the services,
- What kind of equipment or supplies you need (like a wheelchair or feeding tube),
- If you need a special diet, and
- Your health goal (or goals), and how your care plan will help you reach your goal.

Your Medicare coverage:

Continues if:	Ends if:
• You have used less than 100 days of coverage in this benefit period, and • You still need skilled care or skilled rehabilitation on a daily basis.	• You have used all 100 days of coverage in the benefit period, or • You no longer need skilled care.

NOTE: If you refuse your daily skilled care or therapy, you may lose your Medicare SNF coverage. If your condition won't allow you to get skilled care (for instance if you get the flu), you may be able to continue to receive Medicare coverage temporarily.

Words in blue are defined on pages 39-40.

How will I know when my Medicare SNF (Skilled Nursing Facility) coverage is ending?

If you are in the Original Medicare Plan and no longer qualify for Medicare coverage, you must be given a written "Notice of Medicare Non-Coverage." The purpose of this notice is to let you know that the SNF believes you no longer qualify for SNF services paid by Medicare. If someone is acting on your behalf, the facility must notify them in writing. Medicare coverage ends the day after you get the notice.

The Notice of Medicare Non-Coverage must tell you:

- The date your Medicare coverage will end (and you must start to pay).
- Why your stay is not (or is no longer) covered.
- Your right to request that the SNF send Medicare its opinion that your care no longer meets Medicare coverage requirements (see page 23).
- That, if you request a Demand Bill (see page 23), you are not required to pay for your SNF stay until you are informed of Medicare's decision* (you do have to pay any coinsurance charged and for services and supplies not covered by Medicare).
- Where you (or someone acting on your behalf) should sign to show you got the notice.

NOTE: If you are in a Medicare Managed Care Plan or a Medicare Private Fee-for-Service Plan, check with your plan to find out how they will let you know your Medicare coverage is ending. You can ask for advance notice of non-coverage from the plan or the SNF. If you don't agree with the decision, you may then file an appeal (see page 23).

* However, you will be responsible for the cost of the stay if Medicare determines you did not meet Medicare criteria.

Words in blue are defined on pages 39-40.

How will I know when my Medicare SNF (Skilled Nursing Facility) coverage is ending? (continued)

You can choose to pay for skilled care yourself when your Medicare SNF (Skilled Nursing Facility) care coverage ends. Check with the SNF to see how much it costs. Long-term care can be very expensive. See page 18 for information on ways you may get help to pay skilled and custodial nursing care costs.

Plan Ahead

IT IS IMPORTANT TO PLAN AHEAD

Try to plan ahead for any services you may need when you leave the SNF. If you will be going home, you may need help with grocery shopping, bathing and dressing, or transportation. Or, you may need to think about home health care (see page 35).

If you need custodial care in a nursing facility after you are discharged from the SNF, you may want to start thinking about where you want to go. If the SNF you are in has an unskilled bed available, and you are happy with the care you have had so far, you may wish to stay there.

Remember, Medicare does not cover custodial care if that is the only kind of care you need.

Words in blue are defined on pages 39-40.

What if I think I still need SNF (Skilled Nursing Facility) care?

The SNF staff gives you a Notice of Medicare Non-Coverage when they think you no longer qualify for Medicare coverage. But if you think that you still need SNF care, you have the right to have Medicare review the SNF's opinion to decide if you still qualify for Medicare coverage.

To have Medicare decide if you still qualify for SNF coverage:

1. The SNF must send a special kind of claim to Medicare. This special claim is sometimes called a Demand Bill. Check off the appropriate box on the Notice of Non-Coverage to indicate that you want a Demand Bill sent to Medicare.
2. Give the Notice to the SNF.
3. The SNF sends the special claim (Demand Bill) to Medicare.
4. Medicare decides if you still qualify for Medicare-covered SNF care.
5. The SNF will let you know what the decision is.

If Medicare decides your care is no longer covered, you are responsible for the cost of the care you got while you were waiting for the decision.

The SNF cannot make you pay a deposit for services that Medicare may not cover until Medicare makes its decision. You must continue to pay any costs that you would normally have to pay while the Demand Bill is being processed. This includes the daily coinsurance and the costs for services and supplies not covered by Medicare. You will be responsible for the cost of the stay if Medicare determines you did not meet Medicare criteria.

You can file an appeal if you do not agree with this decision. To find out how to appeal, read the back of the Medicare Summary Notice or Notice of Utilization you get from the company that handles bills for Medicare.

Words in blue are defined on pages 39-40.

Your Rights and Protections

What are my rights in a SNF (Skilled Nursing Facility)?

As a resident of a SNF, you have all the same rights and protections of all United States citizens. SNF residents have certain rights and protections under the law. They can vary by State. The SNF must provide you with a written description of your legal rights. Keep the information you get about your rights, admission and transfer policies, and any other information you get from the SNF in case you need to look at them later.

At a minimum, Federal law specifies that a SNF's resident's rights include:

- **Freedom from Discrimination:** SNF's do not have to accept all applicants, but they must comply with Civil Rights laws that do not allow discrimination based on race, color, national origin, disability, age, or religion under certain conditions. If you believe you have been discriminated against, call the Department of Health and Human Services, Office of Civil Rights at 1-800-368-1019. TTY users should call 1-800-587-7697.
- **Respect:** You have the right to be treated with dignity and respect. As long as it fits your care plan, you have the right to make your own schedule, including when you go to bed, rise in the morning, and eat your meals. You have the right to choose the activities you want to go to.
- **Freedom from Abuse and Neglect:** You have the right to be free from verbal, sexual, physical, and mental abuse, involuntary seclusion, and misappropriation of your property by anyone. This includes, but is not limited to, SNF staff, other residents, consultants, volunteers, staff from other agencies, family members or legal guardians, friends, or other individuals. If you feel you have been abused or neglected (your needs not met), report this to the SNF, your family, your local Long-Term Care Ombudsman, or State Survey Agency (see pages 36-38). It may be appropriate to report the incident of abuse to local law enforcement or the Medicaid Fraud Control Unit (their telephone number should be posted in the SNF).

Your Rights and Protections (continued)

At a minimum, Federal law specifies that a skilled nursing facility resident's rights include: (continued)

- **Freedom from Restraints:** Physical restraints are any manual method or physical or mechanical device, material, or equipment attached to or near your body so that you can't remove the restraint easily. Physical restraints prevent freedom of movement or normal access to one's own body. A chemical restraint is a drug used for discipline or convenience and is not needed to treat your medical symptoms.

  It is against the law for a SNF (Skilled Nursing Facility) to use physical or chemical restraints, unless it is necessary to treat your medical symptoms. Restraints may not be used to punish nor for the convenience of the SNF staff. You have the right to refuse restraint use except if you are at risk of harming yourself or others.

- **Information on Services and Fees:** You must be informed in writing about services and fees before you move into the SNF. The SNF cannot require a minimum entrance fee as a condition of residence.

Some SNFs may provide you with greater rights and protections of your health information. Ask the SNF staff.

- **Money:** You have the right to manage your own money or to choose someone you trust to do this for you. If you ask the SNF to manage your personal funds, you must sign a written statement that allows the SNF to do this for you. However, the SNF must allow you access to your bank accounts, cash, and other financial records. The SNF must protect your funds from any loss by buying a bond or providing other similar protections.

Your Rights and Protections (continued)

At a minimum, Federal law specifies that a SNF (Skilled Nursing Facility) resident's rights include: (continued)

- **Privacy, Property, and Living Arrangements:** You have the right to privacy, and to keep and use your personal belongings and property as long as they don't interfere with the rights, health, or safety of others. SNF staff should never open your mail unless you allow it. You have the right to use a telephone and talk privately. The SNF must protect your property from theft. This may include a safe in the facility or cabinets with locked doors in resident rooms. If you and your spouse live in the same SNF, you are entitled to share a room (if you both agree to do so).

"My family and friends visit often. I'm glad we can have some privacy when we need it."

- **Medical Care:** You have the right to be informed about your medical condition, medications, and to see your own doctor. You also have the right to refuse medications and treatments (but this could be harmful to your health). You have the right to take part in developing your care plan. Care plans are explained on page 20. You have the right to look at your medical records and reports when you ask.

- **Visitors:** You have the right to spend private time with visitors at any reasonable hour. The SNF must permit your family to visit you at any time, as long as you wish to see them. You don't have to see any visitor you don't wish to see. Any person who gives you help with your health or legal services may see you at any reasonable time. This includes your doctor, representative from the health department, and your Long-Term Care Ombudsman, among others.

- **Social Services:** The SNF must provide you with any needed medically-related social services, including counseling, help solving problems with other residents, help in contacting legal and financial professionals, and discharge planning.

Your Rights and Protections (continued)

At a minimum, Federal law specifies that a SNF (Skilled Nursing Facility) resident's rights include: (continued)

- **Complaints:** You have the right to make a complaint to the staff of the SNF, or any other person, without fear of punishment. The SNF must resolve the issue promptly. See "How can I report and resolve problems?" on page 28.

- **Protection Against Unfair Transfer or Discharge:** You cannot be sent to another SNF, or made to leave the SNF unless:
  - It is necessary for the welfare, health, or safety of you or others,
  - Your health has declined to the point that the SNF can not meet your care needs,
  - Your health has improved to the point that SNF care is no longer necessary,
  - You do not pay for the services you are responsible for, or
  - The SNF closes.

  Except in emergencies, SNFs must give a 30-day written notice of their plan to discharge or transfer you. You have the right to appeal a transfer to another facility.

  A SNF cannot make you leave if you are waiting to get Medicaid (see page 18). The SNF should work with other state agencies to get payment if a family member or other individual is holding your money.

- **Your Family and Friends:** Family members and legal guardians may meet with the families of other residents and may participate in family councils.

  By law, SNFs must develop a plan of care (care plan) for each resident. Care plans are explained on page 20. You have the right to take part in this process, and family members can help with your care plan with your permission. If your relative is your legal guardian, he or she has the right to look at all medical records about you and has the right to make important decisions on your behalf.

  Family and friends can help make sure you get good quality care. They can visit and get to know the staff and the SNF's rules.

Note: If you are in a Medicare Private Fee-for-Service Plan, check with the plan to learn what your protections are.

How can I report and resolve problems?

If you have a problem at the SNF (Skilled Nursing Facility), talk to the staff involved. For example, if you have a problem with your care, talk to the nurse or Certified Nurse Assistant (CNA). The staff may not know there is a problem unless you tell them. If the problem is not resolved, ask to talk with the supervisor, the social worker, the Director of Nursing, or your doctor.

The facility must have a grievance procedure for complaints. If your problem is not resolved, follow the facility's grievance procedure. You may also want to bring the problem to the resident or family council.

The SNF must post the name, address, and telephone number of state advocacy groups, such as the State Survey and Certification Agency, the State Licensure Office, the State Ombudsman Program, the Protection and Advocacy Network, and the Medicaid Fraud Control Unit.

If you feel you need outside help to resolve your problem, call the Long-Term Care Ombudsman or State Survey Agency for your area (see pages 36-38).

What if I think my SNF charges are wrong?

If you are in the Original Medicare Plan, you will get a Medicare Summary Notice from a company that handles Medicare bills for all your SNF charges. If you think these charges are wrong, call the phone number on the notice for the company that sent the notice to you.

NOTE: If you are in a Medicare Managed Care Plan or a Medicare Private Fee-for-Service Plan, call your plan if you have questions about your bills.

This checklist can help you look at and compare the SNFs (Skilled Nursing Facilities) that you visit. Look at the checklist before you go on your visit or tour. This will give you an idea about the kinds of questions to ask and what you should look for as you tour the facility and see the staff and the residents. Some of these questions may be more personally important to you and your family, and some are more important for finding out about the quality of care the residents get. Use a new checklist for each SNF you visit. You can photocopy the checklist or print out additional copies from "Nursing Home Compare" at www.medicare.gov on the web.

Use your completed checklist with the quality information on www.medicare.gov at "Nursing Home Compare"on the web to help you compare the SNFs you are interested in.

"Nursing Home Compare" at www.medicare.gov on the web includes information such as:

"Nursing Home Compare" is updated monthly. The nursing home may have more current information.

- The number of beds at the facility, and how many are being used (occupied).
- The number of staff working at the facility.
- SNF inspection summary results.
- Deficiency and complaint information.
- Quality measures for each nursing home.

If you don't have a computer, your local library or senior center may be able to help you find this information on their computer. Or, call 1-800-MEDICARE (1-800-633-4227) and a Customer Service Representative will read this information to you. TTY users should call 1-877-486-2048.

Section 7 - Skilled Nursing Facility Checklist

Name of Skilled Nursing Facility: _____ **Date of Visit:** _____

	Yes	No	Comments
Basic Information			
The SNF is Medicare-certified.			
The SNF is Medicaid-certified.			
The SNF provides the skilled care you need, and a bed is available.			
The SNF has special services if needed in a separate unit (e.g. dementia, ventilator, or rehabilitation), and a bed is available.			
The SNF is located close enough for friends and family to visit.			
Resident Appearance			
Residents are clean, appropriately dressed for the season or time of day, and well groomed.			
Living Spaces			
The SNF is free from overwhelming unpleasant odors.			
The SNF appears clean and well kept.			
The temperature in the SNF is comfortable for residents.			
The SNF has good lighting.			
Noise levels in the dining room and other common areas are comfortable.			
Smoking is not allowed or may be restricted to certain areas of the SNF.			
Furnishings are sturdy, yet comfortable and attractive.			

Section 7 - Skilled Nursing Facility Checklist

	Yes	No	Comments
Staff			
The relationship between the staff and the residents appears to be warm, polite, and respectful.			
All staff wear name tags.			
Staff knock on the door before entering a resident's room and refer to residents by name.			
The SNF offers a training and continuing education program for all staff.			
The SNF does background checks on all staff.			
The guide on your tour knows the residents by name and is recognized by them.			
There is a full-time Registered Nurse (RN) in the SNF at all times, other than the Administrator or Director of Nursing.			
The same team of nurses and Certified Nursing Assistants (CNAs) work with the same resident 4 to 5 days per week.			
CNAs work with a reasonable number of residents.			
CNAs are involved in care planning meetings.			
There is a full-time social worker on staff.			
There is a licensed doctor on staff. Is he or she there daily? Can he or she be reached at all times?			
The SNF's management team has worked together for at least one year.			

	Yes	No	Comments
Residents' Rooms			
Residents may have personal belongings and/or furniture in their rooms.			
Each resident has storage space (closet and drawers) in his or her room.			
Each resident has a window in his or her bedroom.			
Residents have access to a personal telephone and television.			
Residents have a choice of roommates.			
Water pitchers can be reached by resident.			
There are policies and procedures to protect residents' possessions.			
Hallways, Stairs, Lounges, and Bathrooms			
Exits are clearly marked.			
There are quiet areas where residents can visit with friends and family.			
The SNF has smoke detectors and sprinklers.			
All common areas, resident rooms, and doorways are designed for wheelchair use.			
There are handrails in the hallways and grab bars in the bathrooms.			

	Yes	No	Comments
Menus and Food			
Residents have a choice of food items at each meal. (Ask if your favorite foods are served.)			
Nutritious snacks are available upon request.			
Staff help residents eat and drink at mealtimes if help is needed.			
Activities			
Residents, including those who are unable to leave their rooms, may choose to take part in a variety of activities.			
The SNF has outdoor areas for resident use and staff help residents go outside.			
The SNF has an active volunteer program.			
Safety and Care			
The SNF has an emergency evacuation plan and holds regular fire drills.			
Residents get preventive care, like a yearly flu shot, to help keep them healthy.			
Residents may still see their personal doctors.			
The SNF has an arrangement with a nearby hospital for emergencies.			
Care plan meetings are held at times that are convenient for residents and family members to attend whenever possible.			
The SNF has corrected all deficiencies (failure to meet one or more Federal or State requirements) on its last state inspection report.			

Notes

Free booklets on Medicare and Related Topics

To order free booklets on Medicare and related topics, look at www.medicare.gov on the web. Select "Publications" to look at or print a copy of these booklets. You can also order a free copy by calling 1-800-MEDICARE (1-800-633-4227). Some booklets are available in English, Spanish, on Audio-cassette (English and Spanish), in Braille, and Large Print (English and Spanish). TTY users should call 1-877-486-2048.

- *Choosing Long-Term Care:* This booklet helps explain the steps to choosing the type of long-term care that best meets your needs. (CMS Pub. No. 02223)

- *Guide to Choosing a Nursing Home:* This booklet gives in-depth information on choosing a nursing home and other long-term care choices. (CMS Pub. No. 02174)

- *Medicare & You:* This handbook gives basic information about Medicare coverage and benefits, health plan choices, rights and protections, and more. (CMS Pub. No. 10050)

- *Medicare and Home Health Care:* This booklet explains Medicare coverage of home health care. (CMS Pub. No. 10969)

- *Medicare Hospice Benefits:* This booklet explains Medicare coverage of hospice care for people who have a terminal illness. (CMS Pub. No. 02154)

State	Long-Term Care Ombudsman - Call for a SNF or nursing home information or about problems with your care.	State Survey Agency - Call with questions or complaints about the quality of care or the quality of life in a SNF or nursing home.	State Medical Assistance Office - Call for more information on state programs that help pay health care costs.	State Health Insurance Assistance Program - Call for free counseling about Medicare, insurance and health plan decisions, and your rights.
Alabama	(877) 425-2243	(800) 356-9596	(800) 362-1504	(800) 243-5463
Alaska	(800) 730-6393	(888) 387-9387	(800) 211-7470	(800) 478-6065
American Samoa	(808) 586-0100	(808) 692-7420	(808) 587-3521	(888) 875-9229
Arizona	(602) 542-4446	(602) 674-9705	(800) 523-0231	(800) 432-4040
Arkansas	(501) 682-8952	(800) 582-4887	(800) 482-8988	(800) 224-6330
California	(800) 231-4024	(800) 236-9747	(916) 636-1980	(800) 434-0222
Colorado	(800) 288-1376	(800) 886-7689	(800) 221-3943	(888) 696-7213
Connecticut	(866) 388-1888	(860) 509-7400	(800) 842-1508	(800) 994-9422
Delaware	(800) 223-9074	(877) 453-0012	(800) 372-2022	(800) 336-9500
Florida	(888) 831-0404	(888) 419-3456	(888) 419-3456	(800) 963-5337

Note: At the time of printing, telephone numbers listed were correct. To get the most up-to-date telephone numbers, look at www.medicare.gov on the web. Select "Helpful Contacts." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

State	Long-Term Care Ombudsman	State Survey Agency	State Medical Assistance Office	State Health Insurance Assistance Program
Georgia	(888) 454-5826	(800) 878-6442	(800) 766-4456	(800) 669-8387
Guam	(808) 586-0100	(808) 692-7420	Number not available	(888) 875-9229
Hawaii	(808) 586-0100	(808) 692-7420	(808) 587-3521	(888) 875-9229
Idaho	(877) 471-2777	(208) 334-6626	(877) 200-5441	(800) 247-4422
Illinois	(800) 252-8966	(800) 252-4343	(800) 252-8635	(800) 548-9034
Indiana	(800) 545-7763	(800) 246-8909	(317) 232-4966	(800) 452-4800
Iowa	(800) 532-3213	(877) 686-0027	(800) 972-2017	(800) 351-4664
Kansas	(877) 662-8362	(800) 842-0078	(800) 766-9012	(800) 860-5260
Kentucky	(800) 372-2991	(502) 564-2800	(800) 635-2570	(877) 293-7447
Louisiana	(800) 259-4990	(888) 810-1819	(888) 342-6207	(800) 259-5301
Maine	(800) 499-0229	(207) 287-9300	(800) 452-1926	(800) 750-5353
Maryland	(800) 243-3425	(877) 402-8219	(800) 492-5231	(800) 243-3425
Massachusetts	(800) 243-4636	(800) 462-5540	(800) 841-2900	(800) 243-4636
Michigan	(866) 485-9393	(800) 882-6006	(800) 292-2550	(800) 803-7174
Minnesota	(800) 657-3591	(800) 369-7994	(800) 657-3659	(800) 333-2433
Mississippi	(800) 948-3090	(800) 227-7308	(800) 421-2408	(800) 948-3090
Missouri	(800) 309-3282	(800) 392-0210	(800) 392-2161	(800) 390-3330
Montana	(800) 332-2272	(406) 444-2099	(800) 362-8312	(800) 332-2272
Nebraska	(800) 942-7830	(402) 471-0316	(800) 430-3244	(800) 234-7119
Nevada	(800) 243-3638	(800) 225-3414	(800) 992-0900	(800) 307-4444
New Hampshire	(800) 442-5640	(800) 852-3345	(800) 852-3345	(800) 852-3388
New Jersey	(877) 582-6995	(800) 792-9770	(800) 356-1561	(800) 792-8820
New Mexico	(800) 432-2080	(800) 752-8649	(888) 997-2583	(800) 432-2080
New York	(800) 342-9871	(888) 201-4563	(800) 541-2831	(800) 333-4114
North Carolina	(919) 733-8395	(800) 624-3004	(800) 662-7030	(800) 443-9354

State	Long-Term Care Ombudsman	State Survey Agency	State Medical Assistance Office	State Health Insurance Assistance Program
North Dakota	(800) 451-8693	(701) 328-2352	(800) 755-2604	(800) 247-0560
Northern Mariana Islands	(808) 586-0100	(808) 692-7420	(808) 587-3521	(888) 875-9229
Ohio	(800) 282-1206	(800) 342-0553	(800) 324-8680	(800) 686-1578
Oklahoma	(800) 211-2116	(800) 522-0203	(800) 522-0310	(800) 763-2828
Oregon	(800) 522-2602	(800) 232-3020	(800) 273-0557	(800) 722-4134
Pennsylvania	(717) 783-7247	(800) 254-5164	(800) 692-7462	(800) 783-7067
Puerto Rico	(800) 981-6015	(787) 721-3461	(787) 765-1230	(877) 725-4300
Rhode Island	(401) 785-3340	(401) 222-2566	(401) 462-5300	(401) 222-2880
South Carolina	(800) 868-9095	(800) 922-6735	(800) 868-9095	(800) 868-9095
South Dakota	(866) 854-5465	(605) 773-3356	(605) 773-4678	(800) 822-8804
Tennessee	(877) 236-0013	(888) 310-4650	(800) 669-1851	(877) 801-0044
Texas	(800) 252-9240	(800) 458-9858	(888) 834-7406	(800) 252-9240
Utah	(800) 541-7735	(800) 662-4157	(800) 662-9651	(800) 541-7735
Vermont	(800) 889-2047	(802) 241-2345	(800) 250-8427	(800) 642-5119
Virgin Islands	(800) 981-6015	(340) 772-7368	(787) 765-1230	(340) 772-7368
Virginia	(800) 552-3402	(800) 955-1819	(804) 786-6145	(800) 552-3402
Washington	(800) 562-6028	(800) 562-6078	(800) 562-3022	(800) 397-4422
Washington DC	(800) 424-2277	(202) 442-5833	(202) 724-5506	(202) 739-0668
West Virginia	(304) 558-3317	(800) 442-2888	(304) 558-1700	(877) 987-4463
Wisconsin	(800) 815-0015	(800) 642-6552	(800) 362-3002	(800) 242-1060
Wyoming	(307) 322-5553	(307) 777-7123	(800) 251-1269	(800) 856-4398

Appeal - A special kind of complaint you make if you disagree with any decision about your health care services. For example, if Medicare doesn't pay or doesn't pay enough for a service you got, you don't get, or an item or service you think you should get. There is usually a special process you must use to make your complaint.

Benefit Period - The way that Medicare measures your use of hospital and skilled nursing facility (SNF) services. For SNF care, a benefit period begins the day you are admitted to a SNF. The benefit period ends when you have not received any hospital care (or skilled care in a skilled nursing facility) for 60 days in a row. If you have a qualifying stay in a hospital after one benefit period has ended, a new benefit period begins. For each benefit period of SNF care, you pay nothing for days 1-20 and $105.00 per day (in 2003) for days 21-100. There is no limit to the number of benefit periods you can have.

Coinsurance - The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the approved amount for the service (like 20%).

Custodial Care - Nonskilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in and out of bed or chair, moving around, and using the bathroom. It may also include care that most people do themselves, like using eye drops. Medicare does not pay for custodial care.

Long-term Care Ombudsman - An independent advocate (supporter) for nursing home and assisted living residents who works to solve problems between residents and nursing homes or assisted living facilities.

Medicaid - A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medicare Managed Care Plan - These are health care choices in some areas of the country. In most plans, you can only go to doctors, specialists, or hospitals on the plan's list. Plans must cover all Medicare Part A and Part B health care. Some plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Medicare Part A (Hospital Insurance) - Hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Medicare Private Fee-For-Service Plan - A private insurance plan that accepts people with Medicare. You may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare program, decides how much you pay for the services you get. You may pay more for Medicare covered benefits. You may have extra benefits the Original Medicare Plan does not cover.

Medicare Summary Notice (MSN) - A notice you get after the doctor files a claim for Part A and Part B services under the Original Medicare Plan. It explains what the provider billed for, the approved amount, how much Medicare paid, and what you must pay. You might also get a notice called a Notice of Utilization.

Medigap Policy - A Medicare supplemental health insurance policy sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage. Except in Massachusetts, Minnesota, and Wisconsin, there are 10 standardized policies labeled Plan A through Plan J. Medigap policies only work with the Original Medicare Plan.

Occupational Therapy - Services given to help you return to usual activities (such as bathing, preparing meals, housekeeping) after illness either on an inpatient or outpatient basis.

Original Medicare Plan - A pay-per-visit health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare. You pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Physical Therapy - Treatment of injury and disease by mechanical means, as heat, light, exercise, and massage.

Programs of All-inclusive Care for the Elderly (PACE) - PACE combines medical, social, and long-term care services for frail people. PACE is available only in states that have chosen to offer it under Medicaid. To be eligible, you must:

- Be 55 years old, or older,
- Live in the service area of the PACE program,
- Be certified as eligible for nursing home care by the appropriate state agency, and
- Be able to live safely in the community.

The goal of PACE is to help people stay independent and live in their community as long as possible, while getting high quality care they need.

Speech-Language Therapy* - The study, examination, and treatment of defects and diseases of the voice, speech, and spoken and written language, as well as the use of appropriate substitutional devices and treatment.

State Health Insurance Assistance Program (SHIP) - A State program that gets money from the federal government to give free health insurance counseling to people with Medicare.

* This definition in whole or in part was used with permission from Walter Feldesman, Esq., Dictionary of Eldercare Terms.© 2000.

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